

2016-2017 INFLUENZA VACCINE USAGE AGREEMENT

for San Francisco Department of Public Health (SFDPH)-Supplied Influenza Vaccine

Please complete and return by August 31, 2016 to: SFDPH Via fax (415) 554-2579 or Email Tina.Milton@sfdph.org

As a condition for receipt of influenza vaccine from SFDPH,

I, _____, as the physician, director,
or other medical representative for

Name of organization, or medical practice

agree to the following terms:

- For each influenza immunization given, **I will retain a record** that includes:
→Vaccine manufacturer →Vaccine lot number →Vaccine expiration date
→Patient's name and age-range →Date immunization is given Edition date of the VIS
Records should be maintained for a period of at least 3 years. Do not send these to SFDPH.
- By Friday, February 10th, 2017, I will accurately complete a mid-year SFDPH Influenza Vaccine Usage Report. By Friday, June 30, 2017, I will accurately complete a final SFDPH Influenza Vaccine Usage Report.** I will also provide a count of all the vaccines in my inventory in mid-November (exact date TBD). In the case of my absence, the person named as the secondary contact in the 2016-2017 SFDPH Influenza Vaccine Application Form will assume full responsibility for reporting accurate and complete information.
- For the vaccine awarded, **my organization will NOT charge** the patient or a third-party insurer any fee for the vaccine itself. I understand that vaccine should not be used for insured staff.
- My medical staff **will exercise medical judgement** in prescribing immunization for each person receiving influenza vaccine and screen patients for contraindications before vaccine administration.
- I will provide a copy of the appropriate Influenza Vaccine Information Statement (VIS)** to each person receiving flu vaccine and allow each person adequate time for reading the information and asking questions.
- I will develop a workable inventory method** to ensure vaccines are used prior to their expiration dates and distinguish SFDPH-supplied vaccines from other vaccines.
- I will not re-distribute SFDPH-supplied vaccine** to satellite or partner sites.
- If we move locations or sites, **I will immediately notify SFDPH of my new contact information.**
- If I have vaccine that my organization will not be able to use, I will contact SFDPH right away** to allow vaccine doses to be redistributed to other organizations.
- I will contact SFDPH **before returning expired vaccine** and agree to return any unused and/or expired flu vaccine doses to SFDPH no later than June 30, 2017.
- I will ensure **influenza vaccine is stored in a refrigerator at 2°-8° C (35°-46°F)** in which the temperature is monitored and recorded twice per day using a data logger and back-up digital thermometer with glycol probe.
- I will **adhere to all storage and handling recommendations** as outlined in the "Checklist for Safe Vaccine Storage and Handling," included in this application packet. I will be present for a **storage and handling site visit** scheduled by SFDPH.

Please Print Name _____
physician, director, or other medical representative *Title*

SIGNATURE _____ **Date** _____
physician, director, or other medical representative

Address _____
Telephone _____ Fax _____ Email _____